

City Of Rocky Mount Animal Adoption Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date Of Birth: _____ Phone Number: _____

Drivers License or I.D. Number: _____ State: _____

Social Security #: _____ Where will Pet be living?: _____

Type of Residence: _____ Rent _____ Own _____ Live with Someone

Mobile home park _____ If yes name of park _____

Name of Person you Rent from or live with: _____

Landlords Address: _____ Phone Number: _____

Do they allow Pets: _____ YES _____ NO # of Pets Owned: _____

Veterinary currently used or previously used: _____

Employment: _____

Address: _____ Phone Number: _____

Have you ever been warned, charged, or convicted of Animal Cruelty, Dog Fighting, or a Violation of City Animal Control Ordinances? _____ YES _____ NO

If YES, Explain: _____

I understand the Animal Shelter has a right to deny me the adoption of my selected animal based solely on failing one of the Adoption Guidelines or for being convicted of Animal Cruelty. I also verify that all the information I have supplied in this application is correct and understand that any false information will be grounds for denying adoption and may result in civil/criminal consequences. I also verify that if I adopt an animal I will become familiar with the Animal Control regulations for my county and or city and will not intentionally violate them. I further understand that the City of Rocky Mount does not warrantee ANY animal, as their background is often unknown to us. Any required or optional medical exams or treatment desired by the adopting party is the sole responsibility of the adaptor.

Signature: _____

Date: _____